

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

ARKITA COURTNEY, as Guardian of the Estate)
of ZECHARIAH COURTNEY, a minor,)

Plaintiffs,)

v.)

NO: 1:19-cv-7486

UNITED STATES OF AMERICA, by and through)
its agents and employees, and ADVOCATE)
HEALTH AND HOSPITALS CORPORATION, an)
Illinois Corporation, by and through its authorized)
agents and employees,)

Defendants.)

PLAINTIFF'S MOTON TO SPREAD DEATH OF RECORD

Plaintiff, ARKITA COURTNEY, as Guardian of the Estate of ZECHARIAH COURTNEY, a minor, by and through their attorneys, McNABOLA & ASSOCIATES, LLC, and moves this Honorable Court for the entry of an Order spreading the death of record, and in support thereof, states as follows:

1. This cause stems from allegations of a failure to promptly perform an emergency delivery resulting in a permanent brain injury to ZECHARIAH COURTNEY, a minor.
2. On November 13, 2019 Plaintiff filed her Complaint alleging medical negligence against United State of America and Advocate Health and Hospitals Corporation.
3. On October 11, 2021, Zechariah Courtney, a minor, died secondary to his injuries resulting from the alleged negligence in this case.
4. Attached hereto as Exhibit A is a copy of the death certificate for Zechariah Courtney, a minor.

5. Plaintiff is in the process of opening a decedent's estate for Zechariah Courtney, a minor, and will seek leave to amend the Complaint at Law following the appointment of the Executor of the Estate of Zechariah Courtney, a minor.

WHEREFORE, Plaintiff, ARKITA COURTNEY, as Guardian of the Estate of ZECHARIAH COURTNEY, a minor, respectfully requests this Honorable Court enter an Order spreading the death of record of Zechariah Courtney, a minor, or for whatever other relief this Court deems just under the circumstances.

Respectfully submitted,

/s/ Edward W. McNabola

Attorney for Plaintiffs

Edward W. McNabola, Esq., #6211511
Thomas R. Trench, Esq., #6324766
McNABOLA & ASSOCIATES, LLC
161 North Clark Street, Suite 2550
Chicago, Illinois 60601
(312) 888-7000
ted@injuryillinois.com

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 0102565

DATE ISSUED 11/23/2021

DECEDENT'S LEGAL NAME ZECHARIAH H COURTNEY				SEX MALE	DATE OF DEATH OCTOBER 11, 2021																														
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 4 YEARS		DATE OF BIRTH AUGUST 25, 2017																															
CITY OR TOWN PARK RIDGE			HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE LUTHERAN GENERAL HOSPITAL																																
PLACE OF DEATH INPATIENT																																			
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER 851-59-6861		STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION																															
RESIDENCE 8710 S BURLEY		AFT. NO. A		CITY OR TOWN CHICAGO																															
COUNTY COOK	STATE IL	ZIP CODE 60617	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARK WILLIAMS		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ARKITA COURTNEY																														
INFORMANT'S NAME ARKITA COURTNEY			RELATIONSHIP MOTHER		MAILING ADDRESS 8710 S BURLEY, CHICAGO, IL, 60617																														
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION HEIGHTS CREMATORY		LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION OCTOBER 29, 2021																														
FUNERAL HOME HUDSON FUNERAL HOME, 8745 SOUTH COMMERCIAL AVENUE, CHICAGO, IL, 60617																																			
FUNERAL DIRECTOR'S NAME DOROTHY HUDSON				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012094																															
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH				DATE FILED WITH LOCAL REGISTRAR NOVEMBER 19, 2021																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td style="width: 10%;">CAUSE OF DEATH</td> <td style="width: 5%;">PART I.</td> <td colspan="3">ACUTE CARDIA PULMONARY INSUFFICIENCY-WITHDRAWAL OF CARE</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">MINS- HOURS</td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a.</td> <td colspan="3">Due to (or as a consequence of)</td> <td rowspan="3" style="width: 10%; text-align: center; vertical-align: middle;">DAYS</td> </tr> <tr> <td></td> <td>b.</td> <td colspan="3">SHOCK FOLLOWING ACUTE CARDIAC ARREST</td> </tr> <tr> <td></td> <td>c.</td> <td colspan="3">ENCEPHALOPATHY (CEREBRAL PALSY)</td> </tr> <tr> <td></td> <td colspan="5">Due to (or as a consequence of)</td> <td style="width: 10%; text-align: center; vertical-align: middle;">YEARS</td> </tr> </table>						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	CAUSE OF DEATH	PART I.	ACUTE CARDIA PULMONARY INSUFFICIENCY-WITHDRAWAL OF CARE			MINS- HOURS	IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	Due to (or as a consequence of)			DAYS		b.	SHOCK FOLLOWING ACUTE CARDIAC ARREST				c.	ENCEPHALOPATHY (CEREBRAL PALSY)				Due to (or as a consequence of)					YEARS
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PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. OBSTRUCTIVE SLEEP APNEA AND EPILEPSY - NON-TRAUMATIC				WAS AN AUTOPSY PERFORMED? YES																															
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES																															
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL																															
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?																														
LOCATION OF INJURY																																			
DESCRIBE HOW INJURY OCCURRED:					IF TRANSPORTATION INJURY, SPECIFY:																														
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES		DATE PRONOUNCED	TIME OF DEATH 10:52 PM																														
CERTIFIED BY PHYSICIAN				DATE CERTIFIED OCTOBER 21, 2021																															
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. JENNIFER BERO-ALFERI, 123 BRIDGE STREET, MAYVILLE, WISCONSIN, 53050					PHYSICIAN'S LICENSE NUMBER 036-126742																														

1884927



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Karen A. Yarbrough
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THE